



POTENTIAL HAZARDOUS WASTE SITE  
TENTATIVE DISPOSITION

REGION 6 SITE NUMBER TX 5177

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., Sw; Washington, DC 20460.

I. SITE IDENTIFICATION TXD 050293794

A. SITE NAME International Galvanizers B. STREET 500 Industry Rd.  
C. CITY Beaumont D. STATE Texas E. ZIP CODE 77702

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	ACTION AGENCY				
	MARK 'X'	EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- NO HAZARD					
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)	X	X			
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION NEEDED (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR DISPOSITION

Two surface impoundments were used in past for storage of galvanizing plant waste. Ponds are still used as backup to current tank storage system. Aerial photos of site indicated overflow to adjacent ditches. Photos taken during inspection also showed evidence of pond overflow. Sampling inspection needed.

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION (mo., day, & yr.)

June 15, 1981

G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED (mo., day, & yr.)

H. PREPARER INFORMATION

1. NAME Larry D. Wright 2. TELEPHONE NUMBER FTS 729-3274 3. DATE (mo., day, & yr.) 2/17/81

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

- Samples of: Analyze for inorganics.  
1. Pond contents.  
2. Upstream & downstream sediments in ditch adjacent to ponds.  
3. Other drainage pathways.  
4. Area of soil contamination on-site.

B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo., day, & yr.)	3. TO BE PERFORMED BY (EPA, Contractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS
A. TYPE OF SITE INSPECTION				
(1) Sampling				
(2)				
(3)				
B. TYPE OF MONITORING				
(1)				SUPERFUND FILE
(2)				DEC 31 1992
C. TYPE OF SAMPLING				
(1) (See A above)				REORGANIZED
(2)				

Continue On Reverse

III. INVESTIGATIVE ACTIVITIES						PART B-PROPOSED INVESTIGATIVE ACTIVITIES (Continued)	
D. TYPE OF LAB ANALYSIS							
(1) <b>Inorganics</b>							
(2)							
E. OTHER (specify)							
(1)							
(2)							
C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front & above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.							
D. ESTIMATED MANHOURS BY ACTION AGENCY							
1. ACTION AGENCY		2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES		1. ACTION AGENCY		2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	
a. EPA				b. STATE			
c. EPA CONTRACTOR				d. OTHER (specify)			
IV. REMEDIAL ACTIONS							
A. SHORT TERM/EMERGENCY STRATEGY (On Site & Off-Site): List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.							
1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION: INDICATE THE MAGNITUDE OF THE WORK REQUIRED		
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
B. LONG TERM STRATEGY (On Site & Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.							
1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION: INDICATE THE MAGNITUDE OF THE WORK REQUIRED		
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY							
1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES		
a. EPA			b. STATE				
c. PRIVATE PARTIES			d. OTHER (specify)				